

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS515HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2009
NAME OF PROVIDER OR SUPPLIER BOULDER CITY HOSP HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 901 ADAMS BLVD BOULDER CITY, NV 89005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p>INITIAL COMMENTS</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The State License Survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005.</p> <p>This Statement of Deficiencies was generated as the result of a State Licensure Survey conducted at your agency on February 23, 2009 through February 24, 2009. The State Licensure Survey was conducted in conjunction with the Medicare Recertification Survey.</p> <p>The following regulatory deficiencies were identified:</p>	H 00		
H152 SS=C	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: Based on record review it was determined that the agency failed to comply with NRS 449.179 for 3 of 10 employee records reviewed. (#8, #9 and</p>	H152		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H152	<p>Continued From page 1</p> <p>#10)</p> <p>Findings include:</p> <p>The Nevada Revised Statutes, under chapter 449 requires the following:</p> <p>Nevada Revised Statutes 449.179 "Except as otherwise provided in subsection 2, within 10 days of hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188;</p> <p>Employees #8, #9 and #10: During personnel file review the employees did not have a written statement in their personnel file stating whether he has been convicted of any crime as required in NRS 449.188.</p> <p>NRS 449.179(3)</p> <p>Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent</p>	H152		

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H152	Continued From page 2 contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History. Employee #9's personnel file lacked documented evidence of results of a fingerprint search by the Nevada Records of Criminal History. The results of the search by the Federal Bureau of Investigation was present and dated 4/29/08. The personnel file lacked documented evidence of follow-up for the missing fingerprint results. Employee #10's personnel file lacked documented evidence of fingerprints being retaken at the five year anniversary from the last set of fingerprints taken dated 1/15/01. Employee #8's personnel file lacked documented evidence of copies of the fingerprints and results of a fingerprint search by the agency.	H152		
H153 SS=B	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for	H153		

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H153	<p>Continued From page 3</p> <p>each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: Based on record review it was determined that 3 of 10 employee records reviewed did not have evidence of TB testing in accordance with NAC 441.A. (#4, #7 and #10)</p> <p>Findings include:</p> <p>NAC 441A.375</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his</p>	H153		

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H153	<p>Continued From page 4</p> <p>designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Employee #4's personnel file contained documentation of tuberculosis testing dated 5/8/07 and 6/19/08. These dates were greater</p>	H153		

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H153	<p>Continued From page 5</p> <p>than 365 days apart. The personnel file lacked documented evidence that a 2-step tuberculosis testing had been initiated.</p> <p>Employee #7's personnel file contained documentation of tuberculosis testing dated 6/8/07 and 7/14/08. These dates were greater than 365 days apart. The personnel file lacked documented evidence that a 2-step tuberculosis testing had been initiated.</p> <p>Employee #10's personnel file lacked documented evidence of positive tuberculosis testing to initiate the chest X-ray as required. The chest X-ray in the file was not done as a follow-up for a positive tuberculosis screening test.</p>	H153			

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